

# Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER	21	9/9/93
EXAMINER	333	9-13-93
TYPIST	330	9/15
VERIFIER	25819773579-21	
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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